

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16451

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4287

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis, Mo. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 5 weeks		e. STREET ADDRESS (If rural, give location) 24 3836 Oregon Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		f. STREET ADDRESS (If rural, give location) 24 3836 Oregon Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Batz		4. DATE OF DEATH (Month) (Day) (Year) May 13, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 25, 1877
9. AGE (in years last birthday) 78	10. UNDER 1 YEAR Months 3 Days 18 Hours 18 Min.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
13a. FATHER'S NAME Martin Batz		13b. MOTHER'S MAIDEN NAME Lena Diehl	
14. NAME OF HUSBAND OR WIFE Bertha Batz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 492-10-5358		17. INFORMANT'S SIGNATURE OR NAME Bertha Batz 3836 Oregon Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac myopathic "myocarditis" DUE TO (c) Chronic nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arterio Sclerosis - Senile Dementia		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 yrs 3 yrs 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from April 6, 1952 , to May 13, 1955 , that I last saw the deceased alive on May 13, 1955 , and that death occurred at 9:45A m. , from the causes and on the date stated above.	
23a. SIGNATURE E. Julius G. R. R. R.		23b. ADDRESS 2603 Cherokee St.	
23c. DATE SIGNED May 13, 55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 5/16/55		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons	
DATE REC'D BY LOCAL REG. MAY 16 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons		ADDRESS 2630 Gravois Ave.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert F. Geste*.....

Licensed Embalmer No. **4144**.....

P. O. Address **2630 Gravois**.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.